



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4404

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/333,703 | FILING OR 371(c) DATE 06/16/1999 RULE | CLASS 514 | GROUP ART UNIT 1637 | ATTORNEY DOCKET NO. 243/245 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

PENG CHO TANG, MORAGA, CA;
 LI SUN, FOSTER CITY, CA;
 LAURA KAY SHAWVER, SAN FRANCISCO, CA;
 KLAUS PETER HIRTH, SAN FRANCISCO, CA;
 ANNIE FONG, SUNNYVALE, CA;

** CONTINUING DATA *****

This application is a CIP of 08/915,366 08/20/1997 PAT 6,147,106
 and is a CIP of 08/702,232 08/23/1996 ABN
 which is a CIP of 08/655,255 06/05/1996 ABN
 and is a CIP of 08/655,226 06/05/1996 PAT 5,886,020
 and is a CIP of 08/655,223 06/05/1996 PAT 5,792,783
 and is a CIP of 08/655,224 06/05/1996 PAT 5,883,116
 and is a CIP of 08/659,191 06/05/1996 PAT 5,883,113
 which is a CIP of 08/485,323 06/07/1995 PAT 5,880,141

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 07/09/1999

| | | | | |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 2 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | | | | |

ADDRESS

BETH A. BURROUS
 FOLEY & LARDNER
 WASHINGTON HARBOUR
 3000 K STREET, N.W. SUITE 500
 WASHINGTON, DC 20007-5109

TITLE

METHODS FOR TREATING DISEASES AND DISORDERS RELATED TO UNREGULATED ANGIOGENESIS AND/OR VASCULOGENESIS

| | | |
|--|---|--|
| FILING FEE RECEIVED 1486 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |